

REQUEST FOR AT/ADT/MODIFICATION(CIRCLE ONE)

COMNAVRESFORINST 1571.7G

PRIVACY ACT STATEMENT: The authority to request this information is contained in 5 U.S.C. 301 departmental regulations. The principal purpose is to enable you to make known your desire for training duty. The information will be used to assist in determining your eligibility for and approving or disapproving the training duty being requested. Completion of the form is voluntary, however, failure to provide the required information may result in delays, response to or disapproval of your request.

1. SSN		2. GRADE		3. NAME (LAST, FIRST, MIDDLE)	
4. DESIGNEC:		5. SEX:	6. WORK PHONE: ()		7. HOME PHONE: ()
8. HOME ADDRESS:				UNIT NAME: _____ UNIT RUIC: _____ MEMBER'S ITP: _____	
9. TYPE: <input type="checkbox"/> AT <input type="checkbox"/> IDTT <input type="checkbox"/> ADT <input type="checkbox"/> GROUP <input type="checkbox"/> IADT <input type="checkbox"/> INVOL <input type="checkbox"/> NON-PAY <input type="checkbox"/> MOD <input type="checkbox"/> BACK-TO-BACK [] MOD					
10. A. REPORT DATE: _____ TIME: _____		B. NUMBER DAYS: AT _____ ADT _____ IDTT DAYS: <u> A </u>		C. DESTINATION LOCATION _____ UIC _____ COURSE: CDP _____ /CIN _____ COURSE: NAME _____	
11. DESTINATION COMMAND CONTACTED: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> POC _____ PHONE: ()					
12. TRAVEL ITINERARY: DESIRED DEPARTURE: DATE: _____ TIME: NET _____ NLT _____ AIRPORT DEP _____ ARR _____ FOR AFLOAT EMBARK: _____ DEBARK: _____			13. TYPE TRAVEL: <input type="checkbox"/> CONUS <input type="checkbox"/> OUTCONUS <input type="checkbox"/> NATO 1. <input type="checkbox"/> GTR Directed/Arranged by NAVPTO/NOLA Commercial travel will be arranged and furnished by NAVPTO NOLA unless one of the following options is justified and approved in Block 14 per COMNAVRESFORINST 1571.7G 2. <input type="checkbox"/> Govt. Transportation Directed/(Airlift/NALO) 3. <input type="checkbox"/> POV Authorized As Most Advantageous To The Government 4. <input type="checkbox"/> POV Authorized Not To Exceed GTR 5. <input type="checkbox"/> Transoceanic/International Travel [] RENTAL CAR Y/N 6. <input type="checkbox"/> Local Commute [] RENTAL VAN Y/N 7. <input type="checkbox"/> Program Manager Use Only [] CNA: _____ 8. <input type="checkbox"/> Program Manager Use Only [] ADT TCN: _____ 9. <input type="checkbox"/> Program Manager Use Only [] BCN: _____		
14. JUSTIFICATION/REMARKS:					
STANDARDS OF CONDUCT/CONFLICT OF INTEREST STATEMENT: I understand that during my active duty, I am subject to Defense Department and Navy Department Standards of Conduct directives. I also understand that I am subject to the same standards of conduct directives during any time I am performing inactive duty (drills). I will, during any duty I perform take no action which will amount to or reasonably create the appearance of using any military position for personal gain or the benefit of my civilian employer. I will also refrain from using or reasonably creating the appearance of using information I obtain while on duty for personal gain or the benefit of my civilian employer. If events occur which might cast doubt on my ability to follow these standards, I will promptly notify my military superiors.					
15. DATE:		16. APPLICANT'S SIGNATURE:			
CERTIFICATION - MEMBER IS FULLY QUALIFIED FOR REQUESTED DUTY AND MEETS THE HIV AND BODY FAT REQUIREMENTS AND ALL PREREQUISITES FOR REQUESTED COURSE.					
17. REPORTING/ADDITIONAL INSTRUCTIONS/TEXT CODE: HIV DATE: _____ BODY FAT: _____ PHYSICAL: _____ HIV CERTIFIED (425) BERTHING AVAIL: Y/N MESSING AVAIL: Y/N AUTH TO VARY ITINERARY Y/N (110) BILLET CONTROL NUMBER: <u>SECURITY CLEARANCE</u> Y/N (127) TCN: _____ PEACE TIME SUPPORT CODE: _____ ADDTL TEXT CODES: _____ MEMBER IS NOT A HYT, RTB, RETIRING, OR NEW ACCESSION STATUS. _____ COMPLETED ANTI-TERRORISM TRAINING [1 YES [] NO (CO INTIAL'S)					
18. APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		UNIT CO/GCLO/OIC		DATE:	
19. APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/>		RESFMS SITE REVIEW		DATE:	
20. REMARKS/DISAPPROVAL CODE: BCN: _____ TCN: _____ ESN: _____ CONTRIBUTORY SUPPORT: PROGRAM CODE: _____ (01-70) BRANCH CODE: _____ (F,M,Z) (F-fleet, M-mutual, Z-other)					